



Needs Assessment

1. Background

This policy and procedure has been developed to ensure a consistent approach across all Abbeyfield The Dales services to the assessment of residents' needs.

2. Objectives

The aim of this policy and procedure is to ensure that:

- All staff within the service will have an understanding of the importance for each resident to have a thorough and accurate needs assessment prior to admission and then ongoing assessment in order to deliver safe and appropriate person-centred care.
- Abbeyfield The Dales will comply with relevant current legislation and regulations.

3. Scope

All established staff, agency staff and volunteers working in the service.

4. Policy

All prospective residents, regardless of their circumstances, will have their needs assessed by the service prior to admission to ensure they can meet their needs and expectations.

All residents can be assured that their needs will be reviewed with them regularly following admission, and that safe and appropriate personalised care, treatment and support will be provided which meets their individual needs.

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices

APPENDIX 1: Pre-admission Needs Assessment and Personal Risk screening Tool.

7. Linked Policies

Admission of Residents (C002P)

Care Planning and Key Working (C008P)

Personal Risk Management (R012P)

Consent to Treatment and Personal Care(C009P)

Mental Capacity Act (C015P)

8. Legislation/Regulation

Section 20 regulations of the Health & Social Care Act 2008 - Essential Standards of Quality and Safety

Outcome 4: Care and welfare of people who use services

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

10.1. Pre-Admission Needs Assessment

A suitably trained person should carry out an initial needs assessment with all prospective residents, regardless of their circumstances, prior to admission. The assessment will take account of the prospective resident's personal circumstances and will reflect their individual needs, preferences and diversity. The assessment should include any known or foreseeable risks to the individual's health or wellbeing.

The assessment process should involve the prospective resident's relatives or advocate if the prospective resident so wishes, and other health and social care professionals and providers involved in their care to ensure a coordinated needs assessment.

The initial needs assessment should capture as much information as possible and must include sufficient information to make a decision about whether the service can meet the prospective resident's needs. Abbeyfield The Dales' Pre-admission Needs Assessment should be used to ensure all the required areas of care are assessed. The assessment covers needs which fall into the following areas of care:

- Social contact and activities;
- Health and physical wellbeing;
- Psychological and mental health;
- Personal care;
- Tissue viability and prevention of pressure sores;
- Mobility, fitness and falls prevention;
- Toilet needs and promoting continence;
- Nutritional health;
- Sleeping and night care;
- Personal safety and risk; and
- End of life wishes (optional).

Where a prospective resident's needs have also been assessed by a local authority, a copy of this needs assessment should be given to the service.

Written confirmation of the outcome of the pre-admission needs assessment and whether or not the service can meet the prospective resident's assessed needs should be sent to the prospective resident. A copy of the letter should be retained in the resident's personal file.

Prospective residents should be given the opportunity to appeal against the outcome of the needs assessment if they are dissatisfied and should be referred to the Abbeyfield The Dales Complaints Procedure.

10.2. On Admission

The accuracy of the pre-admission needs assessment should be confirmed on arrival, checking that all the information provided remains current, paying particular attention to the resident's medication needs.

If the resident has a legally appointed advocate, a copy of the supporting documentation should be provided by the prospective resident.

The Abbeyfield The Dales pre-admission needs assessment includes a Personal Risk Screening Tool which can be used for up to six weeks for long stay residents during their initial trial period and also for short stay residents. A basic care plan should be completed

with the resident on admission, and be expanded from the information contained within the pre-admission needs assessment.

The service's approach to the management of risk should be explained to the resident and their relative or advocate on admission if this has not already been discussed. Agreement should be reached with the resident and their relative or advocate about the level of acceptable risk which ensures the resident has control over their daily life whilst minimising the risk of harm.

Where an area of risk has been identified, actions to reduce or remove risks must be agreed and recorded in the care plan. A full risk assessment must be completed within 48 hours and any further actions to reduce or remove the risks must be added to the care plan.

Prompt referral should be made to the GP or other relevant health or social care professional if the need for specialist advice or treatment has been identified during the assessment process.

10.3. The First 6 Weeks

Staff should be sensitive to the worries and fears of new residents and understand that residents may exhibit unusual behaviour as a result of their worries and fears. Staff should be aware of the symptoms of grieving in response to loss and that residents may experience some of these symptoms as a result of their move to the service.

The Pre-admission Needs Assessment should be further developed with the resident and , or their relatives or advocate if the prospective resident so wishes, and other health and social care professionals and providers during their short stay or trial period. This will form the basis of the resident's long-term care plan should they decide to make the service their permanent home.

All care and treatment should be planned and provided in a person-centred way and should take account of the individual resident's age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have.

The resident should be asked to sign a consent form to indicate their participation and agreement to the care detailed in their care plan. Where the resident is unable to consent to the care in their care plan, the resident's relative or advocate should be asked to sign to indicate their involvement in the development of the care plan in the resident's best interests.

During pre-admission a Personal Risk Screening Tool is used to identify low, medium or high risk and actions to reduce or remove risks must be recorded in the care plan.

The resident should be asked to share their life story or personal history and this should be written down. The purpose of life story work is to enable the staff within the service provide a person-centred approach which focuses on what is important to the resident and this should be explained to the resident and their family or advocate. The resident may be happy to write these themselves or may prefer a relative to do this with them. They may want a member of staff to spend time with them and to write down the things that they are happy to share. However, if the resident is unable to actively participate, then they should be asked to nominate a person who they would like to do this on their behalf. If this is not possible, then this should be discussed with the resident's relatives or advocate and contributions should be sought from people who know the resident. Although life story work is an ongoing activity, this should be commenced within six weeks of admission.

10.4. After 6 Weeks

After six weeks a formal care review meeting should be held with the resident, and their relative or advocate if the resident so wishes, to review the resident's experience of the service during their trial period. If it is agreed that the service can meet the resident's expectations and needs and the resident decides to stay at the service, the care plan will be further developed with them. The Pre-admission Needs Assessment and Personal Risk Screening Tool should not be used beyond this point.

The following risk assessments should be completed with all permanent residents:

- A skin and pressure sore risk assessment using a suitable risk assessment tool, e.g. Waterlow assessment, which is then reviewed monthly or if there is a significant change in the resident's condition.
- A moving and positioning risk assessment which is then reviewed monthly or if there is a significant change in the resident's condition. The resident and their relative or advocate should be aware of the moving and positioning policy and the possible use of equipment such as hoists and slings.
- A falls prevention risk assessment which is then reviewed monthly or if there is a significant change in the resident's condition.
- A nutritional risk assessment using the MUST screening tool and a record of their weight (Residential only) which should then be reviewed monthly or if there is a significant change in the resident's condition.
- A Fire safety risk assessment and Personal Evacuation Plan which is reviewed at specified intervals or if there is a significant change in the resident's condition.

The resident's care plan which will meet their needs, including their personal risk assessments, should be reviewed with them and updated every month. There should be a formal care review at least once a year or sooner if requested by the resident or their relative or advocate, or if there is a significant change in the resident's condition. If a resident is local authority funded a nominated Social Worker will undertake the annual review as opposed to the service.

APPENDIX 1: Pre-admission Needs Assessment and Personal Risk screening Tool.

Abbeyfield The Dales Ltd – Care Plan

Pre-admission Needs Assessment



Personal Information

Full Name (including title):

Preferred Name:

Date of Birth:

Contacts

	Name	Relationship	Address	Telephone No
Current Doctor:		Doctor		
NOK/Emergency 1:				
NOK/Emergency 2:				
Social Worker:		Social Worker		

1. Social Contact and Activities

	Personal circumstances, needs and preferences	Notes to be communicated to staff
Details of important personal relationships (family or friends etc.)		
Is your religion important to you? If yes, what is your religion?		

Reviewed by Head of Care Services 2019
Abbeyfield the Dales Ltd. Registered Charity Number: 1160258, Company No: 9008680, Home England No: 9066

Pre-Needs Assessment

Tell us about how you worship.

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Describe your normal daily activities.

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Tell us about your social interests and hobbies.

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Are there any other needs, preferences or dislikes we should know about?

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Social Contact and Activities Risk Assessment

	Level of Risk	Action to reduce risks?
Social isolation:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	How are social isolation risks to be managed?

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2. Health and Physical Wellbeing

	Personal circumstances, needs and preferences	Notes to be communicated to staff
Do you have any medication allergies?		
Do you have any medical conditions? Do any of these require specialist needs, such as District Nurse, Community Matron and if so which one(s)?		
Do you currently have an infection e.g. CDif, MRSA etc?		
SIGHT		
Do you have a visual impairment?		
Do you wear glasses or contact lenses?		
HEARING		
Do you have a hearing impairment?		
Do you wear any hearing aids?		
COMMUNICATION		
What is your preferred language?		

Pre-Needs Assessment

Do you have any communication difficulties?		
Height (If known):		
Build (S/M/L):		
Weight (If known):		Weigh on admission and discharge
	Personal circumstances, needs and preferences	Notes to be communicated to staff
MEDICATION		
Are you able to take your medication independently?		
With regards to medication, would you like staff to:		
Prompt you to take medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist you to take medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administer your medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Order your medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dispose of medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which pharmacist do you get your medication from?		

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Reviewed by: Nigel Billson (Quality Manager) / Philip Birkinshaw (Chief Executive)
Approved by ATD Board: 27/10/2023

Pre-Needs Assessment

ORAL CARE

Do you require support to with oral health?

Do you wear dentures?

FOOT CARE

Do you require support to care for your feet?

Do you have your feet and toenails checked by a Chiropodist?

Health & Physical Wellbeing Risk Assessment

	Level of Risk	Action to reduce risks?
Wound Management:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	How are wound risks to be managed?
Pain Management:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	How can risks from pain be reduced?

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Pre-Needs Assessment

Medication Management: Low
 Medium
 High

How are medication dangers to be identified and managed?

Oral Care: Low
 Medium
 High

How can risks be reduced?

Foot Care Low
 Medium
 High

How can risks be reduced?

3. Psychological and Mental Health

	Personal circumstances, needs and preferences	Notes to be communicated to staff
Have you or are you receiving any treatment or medication for a mental health problem?		
Are you currently under the care of a mental health specialist?		
How does your mental health affect your daily life?		
Would you know if you were in danger?		
Are you prone to leaving your home unexpectedly?		

Psychological and Mental Health Risk Assessment

	Level of Risk	Action to reduce risks?
Mental Capacity:		Describe their behaviour and responses throughout the interview, If there is an issue with capacity then please ensure a mental health assessment is completed before admission.
Behaviour that may pose risks to self or others:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	How are social isolation risks to be managed?

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4. Tissue Viability and Prevention of Pressure Sores

	Personal circumstances, needs and preferences	Care or support required
Are you able to move about and change position without help?		
Do you have any pressure sores at present?		
If yes, how are these managed?		
Are you prone to pressure sores?		
Do you have any issues with your skin which we will need to assist with?		
Are you currently using any pressure relieving equipment to protect your skin?		

Tissue Viability and Prevention of Pressure Sores Risk Assessment

	Level of Risk	Action to reduce risks?
Existing pressure ulcers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Risk of pressure ulcers:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	How are risks to be managed?

5. Mobility, Fitness and Falls Prevention

	Personal circumstances, needs and preferences	Care or support required
Do you have any mobility issues?		
Have you had any falls within the last 6 months? If so, how many and do you know the reason(s) why?		
Do you have any exercises from a physiotherapist or OT which you need to undertake and if so do you need assistance to do this?		
Can you manage to get in/out of bed independently or do you require aids?		

Mobility, Fitness and Falls Prevention Risk Assessment

	Level of Risk	Action to reduce risks?
Moving and Handling:	<input type="checkbox"/> Low	<input type="checkbox"/> One <input type="checkbox"/> Two carers to assist with transfer
	<input type="checkbox"/> Medium	How are risks to be managed?
	<input type="checkbox"/> High	
Environmental factors:	<input type="checkbox"/> Low	How are risks to be managed?
	<input type="checkbox"/> Medium	
	<input type="checkbox"/> High	

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Pre-Needs Assessment

Risk of falling:

- Low
- Medium
- High

How are risks to be managed?

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Approved by ATD Board: 27/10/2023

6. Toilet Needs and Promoting Continence

	Personal circumstances, needs and preferences	Care or support required
Are you able to access the toilet independently, or do you require assistance?		
Do you have any continence issues?		
If so are you registered with the continence service?		
Are you prone to urine infections?		
Do you have a catheter / stoma, do you manage this independently or will you require assistance?		

Toilet Needs and Promoting Continence Risk Assessment

	Level of Risk	Action to reduce risks?
Risk of incontinence:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	How are risks to be managed?
Risk of infection:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	How are risks to be managed?

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7. Nutritional Health

	Personal circumstances, needs and preferences	Care or support required
Do you have any food allergies?		
Does your culture or religion require you to eat specially prepared foods?		
Do you have any conditions/illnesses which affect your ability to either swallow or ingest food and drink?		
Are you Diabetic or have another condition which is diet controlled, how is this managed?		
What are your food preferences?		
Is there anything that you do not like to eat?		
What is your appetite like?		

Pre-Needs Assessment

Do you have to eat at set times due to medication or health limitations, if so what are they?
Do you drink alcohol?

Do you eat and drink independently?
If not, what assistance do you need?
Have you lost weight in the last six months?

Nutritional Health Risk Assessment

	Level of Risk	Action to reduce risks?
Risk of malnutrition:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Please weigh on admission and discharge (Residential Only).
Risk of dehydration:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	How are risks to be managed?
Known food allergies:		Please inform the catering staff immediately.

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8. Sleeping and Night Care

	Personal circumstances, needs and preferences	Care or support required
Describe your usual sleep pattern.		
Do you get up during the night?		
If yes, do you need any support?		
Do you need anything in particular to help you sleep?		
Do you use any special equipment on your bed? e.g. bed rails.		
Do you need a commode by your bed?		
Do you need help with anything else during the night, or do you prefer not to be disturbed unless you ask for support?		

Sleeping and Night Care Risk Assessment

	Level of Risk	Action to reduce risks?
Risk of falling out of bed:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Risks associated with use of equipment e.g. bedrails:	List the risks	
Risk of wandering through the night:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

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9. Personal Safety and Risk

	Personal circumstances, needs and preferences	Care or support required
Are you able to go out unaccompanied or would you need support to maintain your safety?		
Do you smoke?		
Has there been an occasion where you have self-harmed?		
Are there any other areas of risk you are concerned about or that you feel we should know about?		
Are there any safeguarding issues/concerns which we need to be aware of, if so what are they?		

Personal Safety Risk Assessment

	Level of Risk	Action to reduce risks?
Risks associated with going out alone or accompanied:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

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End of Life Wishes

Is there anything you would like us to know about your end of life wishes?

Do you have a DNACPR form?

Personal circumstances, needs and preferences

Care or support required

Name	Address	Telephone No

Funeral Directors:

Cremation Burial

PLEASE LIST ANY OTHER RELATIVE OR USEFUL INFORMATION NOT INCLUDED IN THE ASSESSMENT ABOVE

Outcome of Assessment

Where did the assessment take place?

Who was present at the assessment?

Is it possible for us to meet the needs of the individual?

What is the moving in date if a place has been offered and accepted?

Details of any special equipment or arrangements needed prior to arrival.

Any identified areas of concern about the placement, and agreed actions to address these.

Prospective Resident

Signed:

Date:

Representative

If this assessment has been completed on behalf of the prospective resident, state their name, address and the nature of this relationship if different from NOK or Emergency contact.

Name:

Telephone:

Address:

Relationship:

Signed:

Date:

Assessor

Name:

Signed:

Date: